IN-STATE COMMERCIAL DRIVER LICENSE MAIL RENEWAL APPLICATION - FORM 1

MONTANA DEPARTMENT OF JUSTICE
DIVISION OF MOTOR VEHICLES
PO Box 201430
Helena, MT 59620-1430
Phone: (406) 444-4590, Fax: (406) 444-7623

PRINT FULL LEGAL NAME
Last:_____ First:_____ Middle:_____ SUFFIX: Circle one if applicable. JR SR 1st 2nd 3rd 4th 5th

DRIVER'S LICENSE NUMBER: _____

DATE OF BIRTH: ____/____/____

SEX: _____ **EYE COLOR:** _____
WEIGHT: _____ **HEIGHT:** _____ **HAIR:** _____

MONTANA MAILING ADDRESS (include street or PO Box, city, state and zip):

_____

_____

MONTANA RESIDENCE ADDRESS (include street, city, state and zip):

_____

_____

ORGAN DONOR: YES ☐ NO ☐

CLASS: ☐ A ☐ B ☐ C **TYPE:** ☐ Interstate ☐ Intrastate

ENDORSEMENTS: ☐ Passenger ☐ Doubles/Triples ☐ Tanker

RESTRICTIONS: ☐ Airbrake

***SOCIAL SECURITY NUMBER:** _____

**Social Security Number required by Mont. Code Ann. § 61-7-107 and U.S.C. 666(a)(13); collected as data, used for child support enforcement and other identification purposes; will not be displayed on your driver's license unless you expressly authorize its use as your driver's license number.

*** IF NONE**, mark the box below and sign the following:

☐ I hereby attest under penalty of law that I have not been issued a social security number by the Social Security Administration.

SIGNATURE: _____

**** IF YOU WANT TO USE YOUR SOCIAL SECURITY NUMBER AS YOUR DRIVER'S LICENSE NUMBER**, mark the box below and sign the following:

☐ I hereby authorize the Department to use my social security number as my driver's license number.

SIGNATURE: _____

THESE QUESTIONS MUST BE ANSWERED

Answer All Questions Below By Marking (X) in Square Opposite Each. If Any Answer is "YES", Fill In Required Details As Completely As You Can.

YES	NO		
☐	☐	1.	Are you currently a resident of Montana? If yes, when did your Montana residency begin?_____
☐	☐	2.	Has your driver license ever been, or is your driver license currently, suspended, revoked, canceled or denied by any state? If yes, most recent state:_____ When?_____ Why?_____
☐	☐	3.	Have you had more than one license?
☐	☐	4.	Have you had any convictions for any type of motor vehicle disqualification offenses contained in part 383.51 of the Federal Regulation?
☐	☐	5.	Have you had any violation of state or local law relating to motor vehicle traffic control (other than parking violation) arising in connection with any traffic accident? If yes, when and where?_____
☐	☐	6.	Do you have a current federal waiver or exemption for medical reasons? If yes, what condition?_____
☐	☐	7.	Do you have a loss of foot, leg, hand or arm? If yes, describe: _____
☐	☐	8.	Do you have an impairment of any limb or extremity? If yes, describe: _____
☐	☐	9.	Do you have a medical history or clinical diagnosis of diabetes requiring insulin for control? If yes, date of last episode or treatment: _____
☐	☐	10.	Do you have a current clinical diagnosis of cardiovascular disease? If yes, describe:_____
☐	☐	11.	Do you have a medical history or clinic diagnosis of respiratory disease? If yes, describe:_____
☐	☐	12.	Do you have high blood pressure? If yes, is it controlled by medication?_____
☐	☐	13.	Do you have an established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular or vascular disease which would interfere with your ability to perform the normal tasks associated with the operation of a motor vehicle? If yes, what are they? _____
☐	☐	14.	Do you have an established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of muscular or motor control? If yes, name of condition and date of last episode:_____
☐	☐	15.	Do you use any amphetamine, narcotic or habit forming drug, or have a current diagnosis of alcoholism?

Initials:_____ **INTERSTATE ONLY** -- I HEREBY CERTIFY, that the information above is true and correct, that I have knowledge and understanding of the requirements contained in part 391 of the Federal Motor Carrier Safety Regulations and state law.

Initials:_____ **INTRASTATE ONLY** -- I HEREBY CERTIFY, that the inforamtion above is true and correct, that I operate or expect to operate entirely in intrastate commerce and that I do not have knowledge, nor am I subject to the requirements contained in part 391 of the Federal Motor Carrier Safety Regulations.

I AM A RESIDENT OF MONTANA, AND CURRENTLY RESIDE IN A COUNTY THAT DOES NOT PROVIDE DRIVER SERVICES.

I certify under penalty of law (Section 45-7-203, MCA, unsworn falsification to authorities) that I am physically and mentally capable of operating a motor vehicle, and that the application made herein is true and correct to the best of my knowledge, information and belief.

SIGNATURE: _____ **DATE:**_____

DO NOT PRINT